

CITY OF MADISON, INDIANA APPLICATION for P.A.C.E. PROGRAM REVIEW COMMITTEE MEMBER

Preservation and Community Enhancement Program

APPLICATION FORM FOR P.A.C.E. PROGRAM REVIEW COMMITTEE MEMBER

Applicant's Name		
(Last)	(First)	(MI)
Mailing Address		
Phone		
E-mail		
Please describe why you are interest	ed in serving as a member of the P.A.C.I	E. Review Committee:
		(Continued on book)



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Preservation and Community Enhancement Program

1:	
pplicant's Signature:	
	nderstands, and agrees with the terms of the P.A.C.E.
rogram guidelines as well as the P.A.C.E. Progra	am Ordinance.

Fill out and return to:

City of Madison, Office of Historic Preservation, 101 W. Main Street, Madison IN 47250 preservation@madison-in.gov (812) 274-2750